Office of the State Controller of California Division of Accounting and Reporting Annual Report of Local Health and Welfare Trust Funds for the 2006 - 07 Fiscal Year

MENTAL HEALTH TRUST FUND

For the County/City of _____

Deposits	1st - 4th Quarters	July and August 2007	Growth	2006-07 Annual Total
1. Sales Tax				
a. Allocation/Interest				
b. Less: State Hospital Offset				
c. Less: Managed Care Offset				
d. State Hospital Adjustments				
e. Managed Care Adjustments				
f. Total Sales Tax Revenue				
2. County Matching Funds				
a. Mental Health Match				
b. Vehicle License Fees (VLF) Annual Base				
c. Vehicle License Collection Account Fees				
d. VLF General Growth				
e. Total Matching Funds				
3. Other (identify)				
4. Total Funds Deposited				
Disbursements 5. Transfers to Operating				
Funds				
6. Other (identify)				
7. Total Funds Disbursed				
Transfers				
Transfers In (Out) to Other Trust Funds				
Questions concerning the preparation of this report short. Telephone No. ()	uld be directed to			
Certification: As Mental Health Director for the County/City of	, I co	ertify that the amounts stated on th	nis report are true, accurate	, and complete.
Mental Health Director	()_ Telephor	ne No.		Date
As Auditor-Controller for the County/City of		, I concur with the Mental I	Health Director that the amo	punts
stated on this report are true, accurate, and complete.				
Auditor-Controller	() Telepho	ne No.		Date

MENTAL HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2006-07 Fiscal Year.

- ♦ Reports must be returned by **June 2, 2008**, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- Report 2006-07 fiscal year deposits made August 2006 through August 2007, and growth deposits made in March 2008.
- Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Herzer @ 916-324-8361 for help.
- Do not enter amounts in gray areas.

Deposits

Do not enter amounts in gray areas.					
1.	Sales tax				
••		Allocation/Interest W & I Code Sec. 17601	In the columns titled "1st - 4 th Qtr," and "July and August 2007," enter the total of Amounts allocated September 27, 2006, through June 27, 2007, and July and August 2007, respectively.		
	b.	Less: State Hospital Offset W & I Code Sec. 17601	In the column titled "1st - 4 th Qtr," enter the State Hospital Service contract offset amounts from September 27, 2006, through June 27, 2007. In the column titled "July and August 2007," enter the total of State Hospital Contract offset amounts for July and August, 2007. Note: Counties making direct payments should enter -0- and refer to line 6.		
	C.	Less: Managed Care Offset	In the column titled "1st - 4th Qtr," enter the total of Managed Care Program offset amounts from September 27, 2006, through June 27, 2007. In the column titled "July and August 2007," enter the total of Managed Care Program offset amounts for July and August, 2007.		
	d.	State Hospital Adjustments	In the column titled "1st - 4th Qtr," enter the total of 2006-07 State Hospital Adjustments from September 27, 2006, through June 27, 2007. Include State Hospital adjustments, revisions, Schedule B adjustment amounts, and Excess Use offsets.		
	e. f.	Managed Care Adjustments Total Sales Tax Revenue	In the column titled "1st - 4th Qtr," enter the total of 2006-07 Managed Care Adjustments from September 27, 2006, through June 27, 2007 Enter the total of lines 1a, 1b, 1c, 1d and 1e.		
2					
۷.	a.	unty/City Matching Funds Mental Health Match W & I Code Sec. 17608.05	In the column titled "1st - 4th Qtr," enter the total amount of local matching funds deposited from August 25, 2006, through June 27, 2007 based on the Schedule developed by the State Department of Mental Health. In column titled "July and August," enter the total amount of local matching funds deposited July and August 2007.		
	b.	Vehicle License Fees (VLF) Annual Base	In the column titled "1st - 4 th Qtr," enter the total of amounts allocated August 25, 2006, through June 27, 2007. In the column titled "July and August 2007" enter the amounts deposited July and August 2007.		
	C.	Vehicle License Collection Account Fees	In the column titled "1st - 4 th Qtr," enter the total of amounts allocated August 25, 2006, through June 27, 2007.		
	d.	VLF General Growth	In the column titled "Growth," enter the VLF General Growth allocated March 21, 2008.		
	e.	Total Matching Funds	Enter the total of lines 2a, 2b, 2c, and 2d.		
3.	Oth	ner (identify)	Enter and identify all miscellaneous deposits.		
4.	Tot	al Funds Deposited	Enter total of lines 1f, 2e and 3.		

Disbursements

Transfer to Operating Funds
 Other (identify)
 Enter the total amounts transferred to other funds for spending purposes.
 Other (identify)
 Enter and identify any other disbursements made during the fiscal year.
 Total Funds Disbursed
 Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other Enter the Transfers In (Out) between trust fund accounts. Trust Funds

Office of the State Controller of California Division of Accounting and Reporting Annual Report of Local Health and Welfare Trust Funds for the 2006- 07 Fiscal Year

HEALTH TRUST FUND

For the County/City of _____

Domostic	1st - 4th	lub and Access 0007	Orest	2006-07		
Deposits	Quarters	July and August 2007	Growth	Annual Total		
1. Sales Tax						
a. Allocation/Interest						
b. Less: CMSP Offset						
c. Total Sales Tax Revenue						
County/City Matching Funds						
a. Health Match						
b. Vehicle License Fee						
i. Allocation/Interest						
ii. Less: CMSP Offset						
iii. General Growth						
c. Total Matching Funds						
Other (identify)						
4. Total Funds Deposited						
Disbursements						
5. Transfers to Operating Funds						
6. CMSP Payments						
7. Other (identify)						
8. Total Funds Disbursed						
Transfers						
9. Transfers In (Out) to Other Trust Funds						
Questions concerning the preparation of this report s	hould be directed to					
Telephone No. ()						
Certification:						
As Health Director for the County/City of	As Health Director for the County/City of, I certify that the amounts stated on this report are true, accurate, and complete.					
	()					
Health Director	Telephone No.		Date			
As Auditor-Controller for the County/City of	s Auditor-Controller for the County/City of, I concur with the Health Director that the amounts stated on this report					
are true, accurate, and complete.						
Auditor-Controller	() 	elephone No.		Date		

HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2006-07 Fiscal Year.

- ♦ Reports must be returned by **June 2, 2008**, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- Report 2006-07 fiscal year deposits made August 2006 through August 2007, and growth deposits made in March 2008.
- Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Herzer @ 916-324-8361 for help.
- ♦ Do not enter amounts in gray areas.

Deposits

1.	Sal	Sales tax			
	a.	Allocation/Interest	In the columns titled "1st – 4th Qtr," and "July and August 2007" enter the total of the amounts allocated September 27, 2006, through June 27, 2007, and July and August 2007, respectively.		
	b.	Less: CMSP Offset	In the column titled "1st - 4 th Qtr," enter the total amount of the County Medical Service Program (CMSP) offsets from September 27, 2006,		

through June 27, 2007.

C.	Total Sales Tax Revenue	Enter the total of lines 1a, and 1b.
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2.	County/City Matching Funds	
	a Health Match	

In the columns titled "1st – 4th Qtr," and "July and August 2007," enter the Matching funds deposited from August 25, 2006 through June 27, 2007, and July and August 2007, respectively. These amounts are based on the schedule shown in W & I Code Sec. 17608.10.

b. Vehicle License Feei. Allocation/Interest

In the columns titled "1st – 4th Qtr," and "July and August 2007" enter the total of the amounts allocated August 25, 2006, through June 27, 2007, and July 2007, respectively.

ii. Less: CMSP Offset

In column titled "1st – 4th Qtr," enter the total amount of the CMSP offsets from August 25, 2006, through June 27, 2007. In column titled "Growth," enter the amounts allocated March 21, 2008.

c. Total Matching Funds

iii. General Growth

Enter the total of lines 2a through 2b(iii).

3. Other (identify) Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1d, 2c, and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

6. CMSP Payments Enter the total of CMSP payment amounts from counties/cities making direct payments to the Department of Health Services.

7. Other (identify) Enter and identify any other disbursements made during the fiscal year.

8. Total Funds Disbursed Enter the total of lines 5, 6, and 7.

Transfers

9. Transfers In (Out) to Other Enter the Transfers In (Out) between trust fund accounts. Trust Funds

Office of the State Controller of California Division of Accounting and Reporting Annual Report of Local Health and Welfare Trust Funds for the 2006 - 07 Fiscal Year

SOCIAL SERVICES TRUST FUND

For the County of _____

Deposits	1st - 4th Quarters	July and August 2007	Growth	2006-07 Annual Total	
1. Sales Tax					
a. Allocation/Interest					
b. Stabilization					
c. Caseload Growth					
d. Total Sales Tax Revenue					
2. Vehicle License Fees (VLF)					
a. VLF Annual Base					
b. VLF General Growth					
c. Total VLF Revenue					
3. Other (identify)					
4. Total Funds Deposited					
Disbursements					
Transfers to Operating Funds					
6. Other (identify)					
7. Total Funds Disbursed					
Transfers					
Transfers In (Out) to Other Trust Funds					
Questions concerning the preparation of this report should be directed to Telephone No. ()					
Certification: As Social Services Director for the County of, I certify that the amounts stated on this report are true, accurate, and complete.					
Social Services Director		elephone No.		Date	
As Auditor-Controller for the County of		·	ces Director that the amounts state		
on this report are true, accurate, and compl			TTT Solor and an amount state	=	
	()				

Telephone No.

Date

Auditor-Controller

SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2006-07 Fiscal Year.

- Reports must be returned by June 2, 2008, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Social Services and the County/City Auditor-Controller.
- ♦ Report 2006-07 fiscal year deposits made from August 2006 through August 2007, and growth deposits made in October 2007 and March 2008.
- ◆ Refer to the remittance advice received with your payments and balance with the amounts on the State Controller's Office Website, WWW,SCO,CA,GOV, Call John Herzer @ 916-324-8361 for help.
- ◆ Do not enter amounts in gray areas.

Deposits

1. Sales tax

a. Allocation/Interest In the columns titled "1st - 4th Qtr," and "July and August 2007," enter the

total of amounts allocated September 27, 2006 through June 27, 2007,

and July and August 2007, respectively.

b. Stabilization In the column titled "1st - 4th Qtr," enter the amount allocated

November 27, 2006.

c. Caseload Growth In the column titled "Growth," enter the Caseload Growth payments

allocated October 31, 2007.

d. Total Sales Tax Revenue Enter the total of lines 1a, 1b, and 1c.

2 Vehicle License Fees (VLF)

a. VLF Annual Base In column titled "1st - 4th Qtr," enter the amount allocated August 25,

2006, through June 27, 2007. In the column titled "July and August 2007," (

amounts allocated July 27, 2007.

b. VLF General Growth In column titled "Growth," enter the amounts allocated March 21, 2008.

c. Total VLF Revenue Enter the total of lines 2a and 2b.

3. Other (identify) Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1d, 2c and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

6. Other (identify) Enter and identify any other disbursements made during the fiscal year.

7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other Enter the Transfers In (Out) between trust fund accounts.

Trust Funds